parenty 26 PRINTED: 03/27/2018 FORM APPROVED

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IND PLAN OF CORRECTION IDENTIFICATION NUMBER	'	PLE CONSTRUCTION G	(X3) DATE SURVEY COMPLETED
HCA-0009	B WING_		03/09/2018
IAME OF PROVIDER OR SUPPLIER STREET AL	OORESS CITY	STATE, ZIP CODE	
DEMILIM SELECT HOME CARE INC.	INOIS AVEN		
(X4) ID SUMMARY STATEMENT OF DEFICIENCIES PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL TAG REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL) CROSS-REFERENCED TO THE APPROP DEFICIENCY)	D BE COMPLETE
H 000 INITIAL COMMENTS	H 000		
An annual survey was conducted from 03/06/18 through 03/09/18 to determine compliance with the District of Columbia's Home Care Agency Regulations (Title 22 B DCMR Chapter 39) The Home Care Agency provides home care services to 276 patients and employs 578 staff. The findings of the survey were based on a review of 17 active patient records, two discharged patient records, 26 employee records, 25 complaints four home visits, ten telephone interviews and interviews with patients and staff Listed below are abbreviations used throughout the body of this report: COO - Chief Operating Officer HCA - Home Care Agency HTN - Hypertension DNR - Do Not Resuscitate LPN - Licensed Practical Nurse		The Correction Plan has been reviewed administrative staff at Premium Select I Care and the following Plan of Correction being submit to address the stated defined during the survey conducted on 0 through 03/09/18.	Home ongoing on is ciencies
PN - Licensed Practical Nurse POC - Plan of Care RN - Registered Nurse SOC - Start of Care PT - Physical Therapist T2DM - Type 2 Diabetes Mellitus	ю	To address H054:	
H 054 3903.2(c)(2) GOVERNING BODY	H 054	1. What corrective action will be accom	
The governing body shall do the following: (c) Review and evaluate, on an annual basis, all policies governing the operation of the agency to determine the extent to which services promote patient care that is appropriate, adequate, effective and efficient. This review and evaluation must include the following:		to address the identified deficient practice initially, all complaints are reviewed by a member of the Interoffice Nursing Manastaff and immediate action is taken to all resolution, when possible. When the coils of a very serious nature that adversely clients, the compliant is immediately brothe Administrator.	gement tempt a mplaint
(2) The evaluation shall include a review of all complaints made or referred to the agency,	****		14 - 55 - 111 // 111 - 111
Regulation & Licensing Administration RATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGN	IATURE	TITLE	4/20/18
FORM OUT THE	509	C17711	redinuation sheet 1 of 12

	Health F	Regulation & Licensin	ng Administration				
	STATEMEN	STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: (X2) MULTIPLE CONSTRUCTION A BUILDING:			(X3) DATE COMP	SURVEY LETED	
			HCA-0009	B WING		03/0	9/2018
Γ	NAME OF PROVIDER OR SUPPLIER STREET ADI			DDRESS, CITY,	STATE, ZIP CODE		
ı			5513 ILL	INOIS AVEN	UE, NE		
	PREMIU	W SELECT HOME CAP	RE, INC WASHIN	GTON, DC 2	0011		
(X4) ID SUMMARY STATEMENT OF DEFICIENCIES PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL TAG REGULATORY OR LSC IDENTIFYING INFORMATION)			MUST BE PRECEDED BY FULL	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIC (EACH CORRECTIVE ACTION SHOULI CROSS-REFERENCED TO THE APPROP DEFIGIENCY)	DBE	(X5) COMPLETE DATE
	H 054	Continued From page	ge 1	H 054	H054 continued.		
		including the nature agency's response t	of each complaint and the thereto.		What measures will be put in place systemic changes will you make to ens that deficient practices do not recur:		
		Based on record revigoverning body faile received by the ager each complaint and	met as evidenced by: view and interview, the HCA's ed to review all complaints ncy, including the nature of the agency's response to the iCA's annual evaluation for		Initially, all complaints are reviewed by member of the interoffice Nursing Mans Staff and immediate action is taken to a resolution when possible. When the cois of a very serious nature that adverse clients, the complaint is immediately brothe Administrator.	agement attempt a emplaint ly affects	04/09/18 ongoing
		Findings included On 03/06/18 at 10:0 HCA's complaint log received 25 complai 1:39 PM, review of ti minutes, dated 02/2 Administrator preser however, the minute	17 AM, review of the the g showed the agency had ints in 2017. On 03/07/18 at the HCA's governing body 4/17, stated that the nted some complaints; es failed to show evidence inplaints were reviewed for		All complaints are reviewed with the Administrator during a biweekly meeting the Administrative Nursing Managemer which includes the office nurses, the DOPS, the COO, and the Quality Assur Nurse. The team reviews the complaint resolutions, then develops plans to add concerns raised. 3. How the corrective actions will be mot to ensure the deficient practice will not i.e., what quality assurance program will implemented.	of Team ON, the rance is and ress the onitored recur,	04/09/18 ongoing
		the HCA's Medical C to the governing bod conducted quality as quarterly basis. Revi meeting minutes dat 01/30/18 showed a t	on the evening of 03/09/18, Director stated that, in addition by meetings, the agency also surance meetings on a liew of the quality assurance ted 06/22/17, 10/26/17, and tool entitled "Deyta Patient	1	a. A summary of all the complaints and resolutions, as well as survey results ar presented at the QA/QI Meetings. The Committee reviews the complaints, resc and the survey results and, if applicable suggestions to improve the plans developed the Administrative Nursing Management	e QA/QI olutions e, makes oped by t Team.	04/09/18 angoing
		Comment Report" us satisfaction survey. I assurance minutes s about lateness of aic evidence of a review	sed for the HCA's patient Further review of the quality showed concerns were raised des, however, there was no of the nature of the 25 applaints or the HCA's		b. Additionally, the Board of Directors v apprised, annually, of all concerns or co and their resolutions and any applicable resolutions made by the QA/QI Commit Board can evaluate the effectiveness of corrective actions and further recommen establish policies to be implemented to client concerns and complaints.	emplaints tee. The the nd and	04/09/18 ongoing

STATEMEN	Regulation & Licensin NT OF DEFICIENCIES I OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 ' '	PLE CONSTRUCTION G:	(X3) DATE COMP	SURVEY LETED
		HCA-0009	B WING_		03/0	9/2018
	PROVIDER OR SUPPLIER M SELECT HOME CA	RE INC 5513 ILL	DDRESS, CITY INOIS AVEN GTON, DC	•		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIO (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROF DEFICIENCY)	D BE	(X5) COMPLETE DATE
H 358	Continued From pa	ge 2	H 358	To address H358:		
H 358	3914.3(g) PATIENT	PLAN OF CARE	H 358	- Parameters for Blood Glucose Monitor	oring.	
	The plan of care sh	all include the following:		What corrective action will be acconto address the identified deficient pract		
	(g) Physical assessment, including all pertinent diagnoses;This Statute is not met as evidenced by:			The POCs for Patients #1, #6 and #7 w reviewed and corrected orders were su for blood glucose parameters or Hemografic (HbA1c) testing (See Attachment N	bmitted globin No. 1).	04/09/18 ongoing
	failed to ensure that parameters for bloo parameters for bloo	d glucose levels and (II) d pressure monitoring as part		What measures will be put in place of systemic changes will you make to ensithe deficient practice does not recur.	ure that	
		ssment for six of 17 active ole (Patients #1, #2, #3, #6,		 a. The Skilled Nurses (SNs) will ascert whether the patient is doing blood gluco testing and if their testing techniques ar appropriate. 	ose	04/09/18 ongoing
		ensure patients' POCs s for blood glucose levels, as lowing:		b. The office nurses' when preparing a reviewing the POC will validate that the Glucose Parameters are included on the The POC will include the parameters so client's physician, if applicable. When the	Blood e POC. et by the he SN is	04/09/18 ongoing
	03/06/18 at 11:00 Af	Patient #1's clinical record on VI showed a POC with a SOC		not able to ascertain these parameters, POC will utilize standard parameters established by the Medical Director.	the	
	12/18/17 to 02/15/18 patient had diagnose the POC showed the patient two to three I to conduct assessm systems, including the	d a certification period of 3. The POC showed that the es that included T2DM. Also, at the nurse was to visit the times a week for nine weeks ent/observation of all ne endocrine system. ailed to show parameters for		c. If our patients with diabetes have not testing their blood glucose levels at hom the SN will inquire about their most received the strain of the strain o	ne, ent that their abetes For tatement	04/09/18 ongoing
	on 03/08/18 at 11:30 SOC date of 07/11/1 of 01/17/18 to 07/15/	Patient #6 's clinical record AM showed a POC with a 4, and a certification period 18. The POC showed that noses that included T2DM.				
alth Regula ATE FORM	tion & Licensing Administ		\$899	CI7711	If continuatio	n sheet 3 of 11

STATEMENT OF DEFICIEN AND PLAN OF CORRECTION	CIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 '	LE CONSTRUCTION	(X3) DATE COMP	SURVEY LETED
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NAME OF PROVIDER OR S	UPPLIER		INOIS AVENU	STATE, ZIP CODE		
PREMIUM SELECT H	OME CA	DE INC	GTON, DC 2	•		
DREELY (EACH DI	EFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPROV DEFICIENCY)	DBE	(X5) COMPLETE DATE
H 358 Continued I	From pa	ge 3	H 358	H358 continued.		
two to five t assessmen the endocri to show par	imes a v t/observ ne syste rameters	ved that the nurse was to visit week for six months to conduct ration of all systems, including m. However, the POC failed for blood glucose levels. If Patient #7's clinical record on	t	Answer No. 2 continued: d. The office nurses who finalize and repatient's POCs will be counselled and to on the requirement to include blood gluparameters or HbA1c monitoring on the based on the SN documentation obtain during the initial assessment.	trained ucose e POCs	04/09/18 ongoing
03/08/18 at date of 07/1 01/17/18 to patient had the POC sh three times assessmen	12:30 P 11/14, ar 07/15/1 diagnos lowed th a week t/observ	M showed a POC with a SOC and a certification period of 8. The POC showed that the test that included T2DM. Also, at the nurse was to visit two to for nine weeks to conduct ration of all systems, including		e. The SNs were notified of the proced requirements by Memo (See Attachme 3. How the corrective actions will be moto ensure the deficient practice will not i.e., what quality assurance program with implemented.	nt No.2). onitored recur,	04/06/18 ongoing
the endocring to show part During an in Administrate POCs for parts	ne syste rameters nterview or stated atients v	m. However, the POC failed for blood glucose levels. on 03/08/18 at 3:00 PM, the that she would ensure that with a diagnosis of diabetes for blood glucose levels.		Our our QA/QI Manager will survey the compliance and report these findings a QA/QI Committee Meeting. The QA/QI will review 10% of diabetic charts to de the Office POC Review Nurses are ensithat these parameters are on the POCs 2nd quarterly review, the goal is to be 9 compliance.	t each I Nurse termine if suring s. By the	04/09/18 ongoing
include para	ameters	urvey, the HCA failed to for blood glucose levels on f1, #6, and #7.		Parameters for Blood Pressure Monit What corrective action will be accomite address the identified deficient practi	nplished	
included pa monitoring,	rameter as evide	o ensure patients' POCs s for blood pressure enced by the following:		The POCs for Patients #1, #2, #3, #6 a has been reviewed and a corrected ord submitted for blood pressure parameter Attachment No.3).	ler was	04/09/18 ongoing
03/06/18 at date of 10/2 12/18/17 to patient had showed that to three time assessmenths of the circulate	11:00 A 11/17, ar 02/15/16 a diagno t the nur es a wee t/observ ory syste	Patient #1's clinical record on M showed a POC with a SOC and a certification period of 8. The POC showed that the costs of HTN. Also, the POC rese was to visit the patient two ek for nine weeks to conduct ation of all systems, including em. However, the POC failed		What measures will be put in place of systemic changes will you make to ensithe deficient practice does not recur. The SNs were counselled and trained ascertain whether or not the patient's deestablished blood pressure parameters.	ure that ed to octor has	04/09/18 ongoing
ealth Regulation & Licensin FATE FORM	ig Adminis	tration	5893	CI7711	If continuati	ion sheet 4 of 1

STATEMEN	NT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER	1	PLE CONSTRUCTION G:	(X3) DATE COMP	SURVEY LETED
		HCA-0009	B WING		03/0	9/2018
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NAME OF	PROVIDER OR SUPPLIER		NOIS AVEN			
PREMIU	M SELECT HOME CA	DE INC	STON, DC			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPRICIENCY)	D BE	(X5) COMPLET DATE
H 358	Continued From pa	ige 4	H 358	H358 continued.		
	to show parameters monitoring.	s for blood pressure		Answer No. 2 continued:		
	03/06/18 at 2:14 PM date of 05/05/17, ar 12/13/17 to 02/28/1 patient had a diagnoshowed that the nur	f Patient #2's clinical record on M showed a POC with a SOC and a certification period of 8. The POC showed that the osis of HTN. Also, the POC rse was to visit the patient a week for nine weeks to		b. The office nurses who finalize and repatient's POCs were counselled and trathe requirement to include blood pressiparameters on the POCs. If the patien physician does not give specific blood parameters, we will include on the POC standard blood pressure parameter est by the Medical Director.	ained on ure t's oressure C, the	
	including the circula POC failed to show pressure monitoring			c. The office nurses who finalize and re POCs will use a checklist which require to checkoff that they have included stat parameters on the POCs, for patients v diabetes and/or hypertensive diagnosis	es them ed vith a (See	04/09/18 ongoing
	03/07/18 at 11:30 A date of 10/17/17, ar 12/16/17 to 02/13/14 patient had a diagnoshowed that the nur to four times a week assessment/observa	f Patient #3's clinical record on M showed a POC with a SOC and a certification period of 8. The POC showed that the osis of HTN. Also, the POC rise was to visit the patient two k for nine weeks to conduct ration of all systems, including		d. The SNs were notified of the proced requirements by Memo (See Attachments). How the corrective actions will be moto ensure the deficient practice will not i.e., what quality assurance program with implemented.	ural nt No.2). onitored recur,	04/06/18 ongoing
		system. However, the POC failed eters for blood pressure		Our QA/QI Manager will survey the HC/compliance and report these findings at QA/QI Committee Meeting. The QA/QI	each Nurse	04/09/18 ongoing
	D. Record review of Patient #6's clinical record on 03/08/18 at 11:30 AM showed a POC with a SOC date of 07/11/14, and a certification period of 01/17/18 to 07/15/18. The POC showed that the patient had a diagnosis of HTN. Also, the POC showed that the nurse was to visit the patient two to five times a week for six months to conduct assessment/observation of all systems, including the circulatory system. However, the POC failed to show parameters for blood pressure monitoring.			will review 10% of the hypertensive paticharts to determine if the Office POC R Nurses are ensuring that these parame on the POCs. By the 2nd quarterly revigoal is to be 98% compliance.	ent eview ters are	
		Patient #7's clinical record on				
	tion & Licensing Adminis		****		Manager	
E FORM		8	699	CI7711	If continuation	m aneet

Health Regulation & Licensing Administration STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING: B WING HCA-0009 03/09/2018 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 5513 ILLINOIS AVENUE, NE PREMIUM SELECT HOME CARE, INC WASHINGTON, DC 20011 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X4) ID (X5) COMPLETE (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE PREFIX PRFFIX TAG REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE DATE TAG DEFICIENCY) To address H364: H 358 Continued From page 5 H 358 03/08/18 at 12:30 PM showed a POC with a SOC 1. What corrective action will be accomplished date of 07/11/14, and a certification period of to address the identified practice. 01/17/18 to 07/15/18. The POC showed that the All 17 patients POCs included orders for the 04/09/18 patient had a diagnosis of HTN, Also, the POC staff to initiate CPR. None required DNR orders. ongoing showed that the nurse was to visit the patient two to three times a week for nine weeks to conduct 2. What measures will be put in place or what assessment/observation of all systems, including systemic changes will you make to ensure that the circulatory system. However, the POC failed the deficient practice does not recur. to show parameters for blood pressure monitoring. a. The admit RN or Therapist ascertains 04/09/18 whether or not the patient has an Advance ongoing During an interview on 03/08/18 at 3:00 PM, the Directive, including Living Will and Medical Administrator stated that she would ensure that Power of Attorney using the following items contained in the "PSHC Patient Orientation for POCs for patients with a diagnosis of HTN Home Health Care" Booklet that is presented to include parameters for blood pressures. the patient on admission to the agency. At the time of the survey, the HCA failed to Advance Directives, description of types (See 04/09/18 include parameters for blood pressure monitoring Attachment No. 5). ongoing on POCs for Patients #1, #2, #3, #6, and #7. Admission Consent Form (See Attachment 04/09/18 No. 6). This form is signed by the H 364 ongoing H 364 3914.3(m) PATIENT PLAN OF CARE patient/representative and the clinician. The last section of this form addresses Advance The plan of care shall include the following: Directives and the patient/representative is asked to declare by answering YES or NO to (m) Emergency protocols; and... having either a Declaration (Living Will) or Medical Power of Attorney. A copy of this form is also given to the patient. This Statute is not met as evidenced by: Based on record review and interview, the HCA b. If the patient's Living Will or Medical Power 04/09/18 of Attorney states "DNR," the order will be failed to ensure that their (medical) emergency ongoing added to the POC stating: "DO NOT protocol was patient specific for 17 of 17 active RESUSITATE." Premium Select staff will be patients' POCs reviewed (Patients #1 - 17). informed to NOT initiate CPR, for this patient. The patient's "DNR" status will also be put on Findings included: the HHA/PCA POC documenting their instructions. When the patient expires, the staff On 03/06/18 to 03/08/18, review of current POCs or family will call the Premium Select Office, the for Patients #1 - 17's showed that the POCs patient's Physician and 911, so the patient can documented the following: be pronounced.

Health Regulation & Licensing Administration STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A BUILDING: B WING HCA-0009 03/09/2018 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 5513 ILLINOIS AVENUE, NE PREMIUM SELECT HOME CARE, INC. WASHINGTON, DC 20011 PROVIDER'S PLAN OF CORRECTION SUMMARY STATEMENT OF DEFICIENCIES (X4) ID ID (X5) COMPLETE (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE PREFIX PREFIX REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE DATE TAG TAG DEFICIENCY) H364 continued. H 364 Continued From page 6 H 364 "All staff will be designated to initiate the Answer No. 2 continued: Emergency Plan, call 911 or initiate CPR 04/09/18 (cardiopulmonary resuscitation) when necessary." For patients who do not have a DNR Declaration, the POCs will include orders that ongoing state: "All PSHC Staff will be designated and During an interview on 03/08/18 at 1:00 PM, the instructed to initiate/perform CPR when the COO stated that she was unsure what patients patient is unresponsive, has no palpable pulse had a DNR order, but she would ensure that and/or no detectable breathing." going forward POCs list patient-specific emergency (medical) protocols. d. A Memo (See Attachment No. 2) identifying 04/06/18 these policy updates was distributed to the ongoing At the time of the survey, the HCA failed to office and field professional staff. ensure that the emergency (medical) protocol included on POCs was patient-specific for e. On-going in-service training, for all SNs, 04/06/18 Physical Therapists (PTs), Occupational ongoing Patients #1 - 17. Therapists (OTs), Speech Therapist (STs) and all newly hired professional staff, on the H 453 H 453 3917.2(c) SKILLED NURSING SERVICES documentation policy and procedures with emphasis on reviewing the types of Advance Duties of the nurse shall include, at a minimum, Directives with the patient/representative and the following: establishing patient-specific medical (emergency) protocols. (c) Ensuring that patient needs are met in f. The HHA/PCA will be instructed by the SN 04/09/18 accordance with the plan of care; when the patient has a DNR status that NO ongoing CPR will be initiated/performed by the PCA. This Statute is not met as evidenced by: 3. How the corrective actions will be monitored Based on record review and interview, the nurse to ensure the deficient practice will not recur, failed to provide services per the POC for one of i.e., what quality assurance program will be 17 active patients in the sample (Patient #3). implemented. The QA Department will audit 10% of the 04/09/18 Findings included: patient charts quarterly, with a six-month goal of ongoing 90% or better compliance. 1a. Review of Patient #3's clinical record on 03/07/18 at 11:30 AM, showed a POC with a SOC date of 10/17/17, and a certification period of 12/16/17 to 02/13/18. The POC showed that the patient had diagnoses that included: Chronic Right Leg Ulcer, Systemic Sclerosis, Hypothyroidism, and HTN. Also, the POC showed that the nurse was to conduct visits two to four

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	H 453	Continued From pag	ge 7	H 453	To address H453:		
		firmon a work for nin					
			e weeks to provide wound		1. What corrective action will be accom-	nplished	
		care, as listed below	<i>y</i> .		to address the deficient practice.		
		01	9 241				
			cer] with normal saline;		 a. The POC that was cited had an inco 		04/09/18
		Apply Santyl ointmer	nt;		wound care order. The wound care order		ongoing
			uze and ABD pad; and		POC was written wrong. The patient wa		
		Secure with tape.			receiving the correct wound care treatm	ıent, as	
					ordered by the physician.		
		Further review of the	record showed nursing			100110	
		notes from 12/19/17	to 01/28/18 which indicated		b. A Correction Order for 12/16/17 to 1,		04/06/18
		that the nurse visited	f the patient as outlined in the		was written to change the wound care t		ongoing
			nursing notes documented		from Santyl to Bactroban (See Attachme	ent No.	
			d Bactroban ointment and		7.)		
		not Santyl ointment a			n Alon the CN paring for notices #2 dia		04/00/48
		not barry on the c	33 0100100.		 c. Also, the SN caring for patient #3 did continue to teach the patient in the 2nd 	1	04/09/18 ongoing
		Continued review of	the record showed a		certification period.		ongoing
			order dated 10/17/17 that		certification period.		
					2. What measures will be put in place of	ar what	
		ordered the following	•		systemic changes will you make to ensu		
		Class was at fairly	I I I I I		the deficient practice does not recur.	110 (110)	
			leg ulcer] with normal saline;		,		
		Pat dry;			a. All SNs were trained on the process	for	04/09/18
		 Apply Bactroban oir 	ntment;		recommending treatment changes to the		ongoing
		Wrap with Kerlix;			physician and trained to only write order	's when	
	111	And secure with tap	e.		the physician actually orders the treatme	ent	1
					change.		
			n 03/09/18 at 1:45 PM, the				
			and Bactroban ointment to		 b. The office nurses who finalize and re 		
	t	he right leg ulcer.			patient's POCs were counselled and train	ned on	ongoing
		·			ensuring that the correct physician order	's are	1
		During an interview o	л 03/09/18 at 1:50 PM, the		reflected on the patient's POC.		- 1
	٢	iurse stated, "I just st	tarted using the Santyl		a The efficiency of the Section 1		04/00/40
			ago, and it's working very		c. The office nurses who finalize and re- POCs will use a checklist (See Attachme		
		veli."	<u> </u>		4) which requires them to verify that the		ongoing
		1 5.00		,	Care Treatment Plan reflects the physici		[
	1	b. Continued review	of the POC showed that the		orders.	all	1
		urse was also to pro			ordera.		ſ
			mination/metabolic status,				
			nd infection/standard				
	p	recautions. The recor	rd, however, showed that				1

Health Regulation & Licensing Administration STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION **IDENTIFICATION NUMBER:** COMPLETED A. BUILDING: B WING HCA-0009 03/09/2018 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 5513 ILLINOIS AVENUE, NE PREMIUM SELECT HOME CARE, INC WASHINGTON, DC 20011 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X5)(EACH DEFICIENCY MUST BE PRECEDED BY FULL COMPLETE PREFIX **PREFIX** (EACH CORRECTIVE ACTION SHOULD BE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE DATE TAG DEFICIENCY) H 453 Continued From page 8 H 453 H453 continued. mentioned during visits from 12/19/17 to 3. How the corrective actions will be monitored 02/11/18. to ensure the deficient practice will not recur. i.e., what quality assurance program will be During an interview on 03/07/18 at 2:00 PM, the implemented. COO stated the nurse was to provide teaching as The QA/QI Nurse will monitor 10% of 04/09/18 outlined in the POC patient records to make sure that the SNs ongoing continues to teach, review and re-evaluate the At the time of the survey, the nurse failed to teaching provided to their patients, as provide services per the POC for Patient #3. warranted. To address H455: H 455 3917.2(e) SKILLED NURSING SERVICES H 455 1. What corrective action will be accomplished Duties of the nurse shall include, at a minimum, to address the identified deficient practice. the following: 04/06/18 RN staff were in-serviced via Memo (See (e) For registered nurses, supervision of nursing Attachment No. 2) on the requirement to ongoing services delivered by licensed practical nurses, provide supervision of LPNs providing services including on-site supervision at least once every to skilled patients, every 2 months. sixty-two (62) calendar days; 2. What measures will be put in place or what systemic changes will you make to ensure that This Statute is not met as evidenced by: the deficient practice does not recur. Based on record review and interview, the RN 04/09/18 a. The QA/QI Manager will monitor the skilled failed to supervise the skilled services provided professional notes for three months to validate ongoing by an LPN (RN #4). compliance. Finding included: 04/09/18 b. The RN Supervisory Notes of the LPNs will be monitored on a quarterly basis by the QA/QI ongoing Review of Patient #1's clinical record showed a Manager. POC with a start of care date of 10/21/17, and a c. The RNs who work with LPNs were given a 04/06/18 certification period of 12/18/17 to 02/15/18. The supervisory schedule for the LPN with a ongoing POC showed that the patient's diagnoses scheduled date for a shared visit. In addition, a included: Open wound of the right great toe. Memo (See Attachment No. 2) was distributed T2DM, and HTN. Further review of the POC to the SNs reminding them to supervise the showed that the nurse was to conduct visits two LPNs every two months. to three times a week to perform wound care. Continued review of Patient #1's record showed that the LPN provided wound care as outlined in

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		1 ' '	(X2) MULTIPLE CONSTRUCTION A BUILDING		(X3) DATE SURVEY COMPLETED	
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(X4) ID SUMMARY STATEMENT OF DEFICIENCIES PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL TAG REGULATORY OR LSC IDENTIFYING INFORMATION)				PROVIDER'S PLAN OF CORRECTIO (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPI DEFICIENCY)) BE	(X5) COMPLETE DATE
H 455	Continued From page	ge 9	H 455	H455 continued.		
	performed weekly w #1's wound during the However, the record documented eviden wound care services. During an interview Director of Professionagency changed to a read the section for some included on the read that the time of the su			3. How the corrective actions will be mo to ensure the deficient practice will not ri.e., what quality assurance program will implemented. The QA/QI Manager will also randomly 10% of the active records to determine, SNs have documented the LPNs supervice. Results of the findings will be presented Quarterly QA/QI Committee Meetings.	monitor if the vision.	04/09/18 ongoing
H 563	provided by the LPN		H 563	To address H563:		
	The licensed physica	at therapist shall		What corrective action will be accompto address the identified deficient practice.	,	
		ss the extent to which erapeutic goals that are		The Physical Therapists, Occupational Therapists, and Speech Therapists were in-serviced on documentation procedure emphasis on teaching and documentation patients' goals and responses to the treaplan. They were in-serviced to clearly no patient progress towards their goals on evisit related to the therapeutic training or	es, with on of the atment ote each	04/09/18 ongoing
 	icensed PT failed to their established ther	net as evidenced by: ew and interview, the assess how patients met apeutic goals for one of two vsical therapy in the sample		exercise provided during the visit. 2. What measures will be put in place or systemic changes you will make to ensure the deficient practice does not recur a. The QA/QI Nurse will review all the provided the pro	r what re that	04/09/18
F	Findings included:		į	notes of the PTs, OTs and STs, for one reto check for compliance and proper documentation of the progress towards of	month	ongoing
(On 03/08/18 at 10:09	AM, review of Patient #14's		accomentation of the progress towards g	joais,	1

FORM APPROVED Health Regulation & Licensing Administration (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING: B. WING 03/09/2018 HCA-0009 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 5513 ILLINOIS AVENUE, NE PREMIUM SELECT HOME CARE, INC WASHINGTON, DC 20011 PROVIDER'S PLAN OF CORRECTION SUMMARY STATEMENT OF DEFICIENCIES ID (X5) COMPLETE (EACH CORRECTIVE ACTION SHOULD BE (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX CROSS-REFERENCED TO THE APPROPRIATE REGULATORY OR LSC IDENTIFYING INFORMATION) DATE TAG TAG DEFICIENCY) H563 continued. H 563 Continued From page 10 H 563 clinical record revealed a POC with the Answer No. 2 continued: certification period of 12/28/17 through 02/25/18. 04/09/18 The POC documented that physical therapy visits b. The therapist whose notes do not include progress towards goals will receive ongoing ongoing were to be conducted one to three times weekly counselling and will be required to correct the for nine weeks to provide functional mobility, notes by adding the progress towards goals to transfer and safety instructions, and therapeutic the respective note(s). exercise due to impaired mobility. Further review of the POC revealed that Patient #14's PT goals 3. How the corrective actions will be monitored included increasing strength, functional mobility to ensure the deficient practice will not recur. and independence transferring. i.e., what quality assurance program will be implemented. Review of 15 PT visit notes, dated 01/04/18 04/09/18 through 2/14/18, provided no documented a. The QA/QI Nurse will continue to review 10% of the progress notes of the each therapist, ongoing evidence that the PT assessed Patient #14's to check for compliance and proper progress toward the therapeutic goals. Each note documentation of goals and progress towards listed the specific goals, however, the PT failed to goals. document what services were provided to the patient, and the patient's progress. b. The goal will be 98% compliance within six 04/09/18 months. Results of the findings will be reported ongoing During an interview on 03/08/18 at 03:52 PM, the to the QA committee for review and further COO stated that the HCA recently converted to development of interventions and strategies to an electronic system, and that the PT may have maintain ongoing compliance. had complications inputting the visit note. The COO also stated that she would address this issue/concern with the PT as soon as possible. At the time of the survey, there was no documented evidence the PT assessed how Patient #14 met the therapeutic goals according to the POC.